### FEB 1 2 2002

510(k) Summary E-Scan  $\chi g$ Biosound Esaote

# K020164

## 510(k) Summary

The following 510(k) summary has been prepared pursuant to requirements specified in 21CFR¶807.92(a).

#### 807.92(a)(1)

## **Submitter Information**

Colleen Densmore, Official Correspondent 8000 Castleway Drive Indianapolis, IN 46250

Phone: Facsimile:

(317) 849-1916 (317) 577-9070

Contact Person:

Colleen Densmore

Date:

January 4, 2002

807.92(a)(2)

Trade Name:

E-Scan XQ

Common Name:

Magnetic resonance diagnostic device

Classification Name(s):

System, Nuclear Magnetic Resonance Imaging

Classification Number:

90LNH

807.92(a)(3)

## Predicate Device(s)

**Esaote** 

Artoscan M

K963262

Esaote

E-Scan

K990968

Esaote

E-Scan

K001894

Esaote

Hip Coil

K012728

#### 807.92(a)(5)

### Intended Use(s)

The E-scan is intended for diagnostic nuclear magnetic resonance imaging of the hip, knee, ankle, foot, shoulder, elbow, wrist, hand, calf, thigh, arm and forearm. The device produces transverse, sagittal, coronal and oblique cross-sectional images, displaying the internal structure of the limbs and joints being imaged. The images that are produced correspond to the spatial distribution of protons (hydrogen nuclei) that check the magnetic resonance properties and depend upon the MR parameters (spin-lattice relaxation time (T1), spin-spin relaxation time (T2), nuclei density, flow velocity and chemical shift). If interpreted by a medical expert, these images can provide diagnostically useful information.

#### 807.92(a)(6)

### **Technological Characteristics**

The E-Scan MRI system is substantially equivalent to the currently available E-Scan system cleared via K012728.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

FEB 1 2 2002

Esaote, S.P.A. % Ms. Colleen J. Densmore Official Correspondent The Anson Group 7992 Castleway Drive Indianapolis, Indiana 46250 Re: K020164

Trade/Device Name: E-Scan XQ MRI System

Regulation Number: 21 CFR 892.1000

Regulation Name: Magnetic resonance diagnostic device

Regulatory Class: II Product Code: 90 LNH Dated: January 4, 2002 Received: January 17, 2002

Dear Ms. Densmore:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

8xx.1xxx	(301) 594-4591
876.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4616
884.2xxx, 3xxx, 4xxx, 5xxx, 6xxx	(301) 594-4616
892.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4654
Other	(301) 594-4692

Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/dsma/dsmamain.html">http://www.fda.gov/cdrh/dsma/dsmamain.html</a>.

Sincerely yours,

Vancy C. Brogdon

Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

## **Indications For Use**

E-Scan XQ

510(k) Number (if known):

Device Name:

K020164

Indications for Use:		
foot, shoulder, elbow, wrist, hand, calf coronal and oblique cross-sectional ima imaged. The images that are produced that check the magnetic resonance prop	f, thigh, arm and fore ages, displaying the i correspond to the sp perties and depend up 2), nuclei density, fl	ic resonance imaging of the hip, knee, ankle, carm. The device produces transverse, sagittal, internal structure of the limbs and joints being patial distribution of protons (hydrogen nuclei) on the MR parameters (spin-lattice relaxation low velocity and chemical shift). If interpreted useful information.
	NEEDED)	NTINUE ON ANOTHER PAGE IF
Prescription Use	OR	Over-The-Counter Use
(Division Sign-Off) Division of Reproduct and Radiological Dev 510(k) Number	y Chroplon  Mrs. Abdominal.  Micas KU20164	